

2016-2017

ROSINA PATTERSON MEMORIAL SCHOLARSHIP

APPLICATION INSTRUCTIONS

**This scholarship is made available for students in financial need.
It is not a merit scholarship**

NOTE: ALL students chosen for the scholarships must provide a written reply regarding acceptance within 2 weeks of notification. If a reply is not received, it is presumed the student is not accepting the scholarship which will be awarded to another candidate.

Complete application must include:

- Application (Page 1)**
 - Previous Scholarship Recipients – Include the amount received for each grade
- Parent/Guardian Information and Authorization (Page 1)**
- Two (2) Recommendation forms (Page 3)**
 - One (1) Recommendation Form from staff member at current school
 - One (1) Recommendation Form from other adult such as pastor, minister, rabbi, youth director, employer, scout leader, etc. No relatives can be used as a reference
- Financial Information** - Submit the following:
 - 1040 (most recent year required) for parent(s)/guardian(s) in which the student resides
 - Mark out social security numbers and bank information
 - Include *Adjusted Gross Income* from 1040. If parents/guardians file separately, include adjusted gross income under mother/guardian and father/guardian. If parents/guardians file jointly, include adjusted gross income under adjusted joint gross income. If income is received from social security, retirement, VA, or other, list under Other Income and include documentation.
- Please explain, in detail, the nature of your financial crisis that makes the tuition payment at SJA unaffordable.**
 - **Financial disclosures must be in the name of the person(s) responsible for the tuition.**
- Brief Autobiography** – *must be written by student* - (approximately 100 words) including, but not limited to:
 - Activities, service or volunteer projects
 - Awards and honors
 - Why it is important for you to get this scholarship
- Individual Picture**
 - Wallet size school picture preferred, others will be accepted. **Put name on back of photo**
 - Electronic photo can be emailed to jeanetteghiotto@ssjfl.org. Save file using First Name Last Name of student. Subject line of email should read: Scholarship Photo.

Deadline: Friday, March 24, 2017 by 3:30 p.m.

Only complete applications with items listed above will be accepted.

Mail to: Rosina Patterson Memorial Scholarship Selection Committee, c/o of Jeanette Ghioto, Mission Advancement Director, P.O. Box 3506, St. Augustine, Florida 32085-3506

Deliver to: Rosina Patterson Memorial Scholarship Selection Committee, c/o of Jeanette Ghioto, Mission Advancement Director, 241 St. George Street, St. Augustine, Florida 32084

2016-2017

ROSINA PATTERSON MEMORIAL SCHOLARSHIP APPLICATION

Name of Student _____ Date _____
Last First Middle Initial

Street Address (no POB) _____ City _____ State _____ Zip _____

Home Phone _____ Cell Number _____

Email: _____

Male Female Date of Birth (Month/Day/Year) _____ Current Grade Level _____

School Presently Attending _____

Number of Children in Home _____ Parish/Church _____

Have you received this scholarship in previous year? Yes No List the amounts received for each grade:

9th _____ 10th _____ 11th _____

List any financial assistance currently receiving: _____

Recommendations – Two recommendations are required as described below:

School Recommendation - Name: _____

Other Adult Recommendation - Name: _____

PARENT/GUARDIAN INFORMATION AND AUTHORIZATION

Mother/Guardian		Father/Guardian	
Name		Name	
Home Number		Home Number	
Work Number		Work Number	
Cell Number		Cell Number	
Email Address		Email Address	
Occupation		Occupation	
Company		Company	

Income

Adjusted Gross Income (Mother)		Adjusted Gross Income (Father)	
Adjusted Joint Gross Income		Other Income	

I authorize the Sisters of St. Joseph to photograph and/or videotape my child and use the photographs/videos for educational or promotional purposes. The photographs/video may not be used for profit without my expressed permission. I understand that I or my child will not be paid or rewarded for providing this authorization.

I understand that a social function may be held to honor students who receive scholarships and that transportation to the event venue may be required by me or in the event that transportation is provided, I hereby give my permission for my child to be transported to the event.

Parent/Guardian Signature _____ Date _____

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ROSINA PATTERSON MEMORIAL SCHOLARSHIP RECOMMENDATION

Rosina Patterson was a student of St. Joseph Academy during the period in which the school was owned and operated by the Sisters of St. Joseph of St. Augustine. Ms. Patterson held in high regard the education that she received at St. Joseph Academy and recognized the influence of the Sisters who taught her in the early years of her life. Upon her death in 1992, she established the **Rosina Patterson Memorial Scholarship Fund** to provide grants to students for attendance at St. Joseph Academy.

Applicants are required to submit two (2) recommendations for scholarship consideration. Your completion of this recommendation form is greatly appreciated. *You can not be related to the applicant.*

Recommendation for (applicant): _____

Recommendation from:

Name: _____ Date: _____

Phone: Work _____ Cell _____ Home _____

Email: _____

Relation to Applicant: Teacher Pastor, Minister, Rabbi Youth Director Scout Leader Employer
 Other, specify: _____

How long have you known this applicant? _____

Please tell us why you think this student would be a good scholarship candidate.

Please mail or email completed recommendation (Deadline **March 24, 2017 by 3:30 pm**) to:
Rosina Patterson Memorial Scholarship Committee, c/o Jeanette Ghioto, Mission Advancement Director, P. O. Box 3506, St. Augustine, Florida 32085-3506 **OR** jeanetteghियोto@ssjfl.org .

ROSINA PATTERSON MEMORIAL SCHOLARSHIP FUND

HISTORY:

Rosina Patterson was a student of St. Joseph Academy during the period in which the school was owned and operated by the Congregation of the Sisters of St. Joseph. Rosina Patterson held in high regard the education that she received under the influence of the Sisters who taught her in the early years of her life. Rosina Patterson was born on October 29, 1892 and died on February 28, 1992.

THE ROSINA PATTERSON MEMORIAL SCHOLARSHIP FUND:

A fund established in 1992 providing grants to needy students for attendance at St. Joseph Academy, 155 State Road 207, St. Augustine, Florida.

TITLE OF FUND:

Rosina Patterson Memorial Scholarship Fund

AREA:

St. Joseph Academy, St. Augustine, Florida

LEVEL OF EDUCATION FOR WHICH AWARD IS GRANTED:

High School

NUMBER; AMOUNT; TYPE OF AWARD;

Unspecified number and amount of scholarship. Scholarship awards are based on the fund return on investment for the previous year. The average award amount is around \$350 per student. Each recipient is negotiated individually. Renewable.

ELIGIBILITY:

Students who are currently attending St. Joseph Academy or will be entering as a freshman for the next funding period. Eligibility is also based on character and need.

METHOD OF DISBURSEMENT:

Scholarship paid directly to St. Joseph Academy for tuition, textbooks and/or course material expenditures.

APPLICATION PERIOD:

Awards are made annually. Deadline for submission indicated on application.

MAIL TO:

Rosina Patterson Memorial Scholarship Fund
Sisters of St. Joseph of St. Augustine
Mission Advancement Office
Post Office Box 3506
St. Augustine, Florida 32085-3506

-OR-

DELIVER TO:

Rosina Patterson Memorial Scholarship Fund
Sisters of St. Joseph of St. Augustine
Mission Advancement Office
241 St. George Street
St. Augustine, Florida 32084

-OR-

EMAIL TO: jeanetteghiotto@ssjfl.org

AWARD NOTIFICATION AND DISBURSEMENT:

Applicants will be notified via U.S. mail of scholarship acceptance within two weeks after above deadline. Funds will be directly distributed to St. Joseph Academy for tuition, textbooks and/or course material expenditures.